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APPLICANTS

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** CONTINUING DATA ***** *Name HCB*** FOREIGN APPLICATIONS ***** *Name HCB*

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** 04/16/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after	CA	DRAWING 6	CLAIMS 27	CLAIMS 2
Verified and Acknowledged	<i>Harold Pham</i> <i>HCB</i> Examiner's Signature Initials				

ADDRESS

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TITLE

Xerographic printing system with VCSEL-micro-optic laser printbar

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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